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# 2018 Viral Hepatitis Summit

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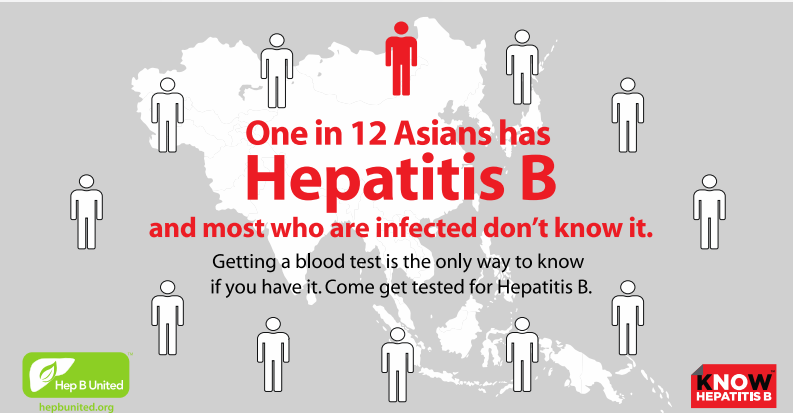




# Agenda

- Background
- National Plan
- A Promising Future

# Millions of Americans Have Viral Hepatitis



- Massive public health burden
- Major cause of morbidity and mortality
- Substantial health inequity
- Disconnect between burden, attention, resources
- Extraordinary opportunities for public health



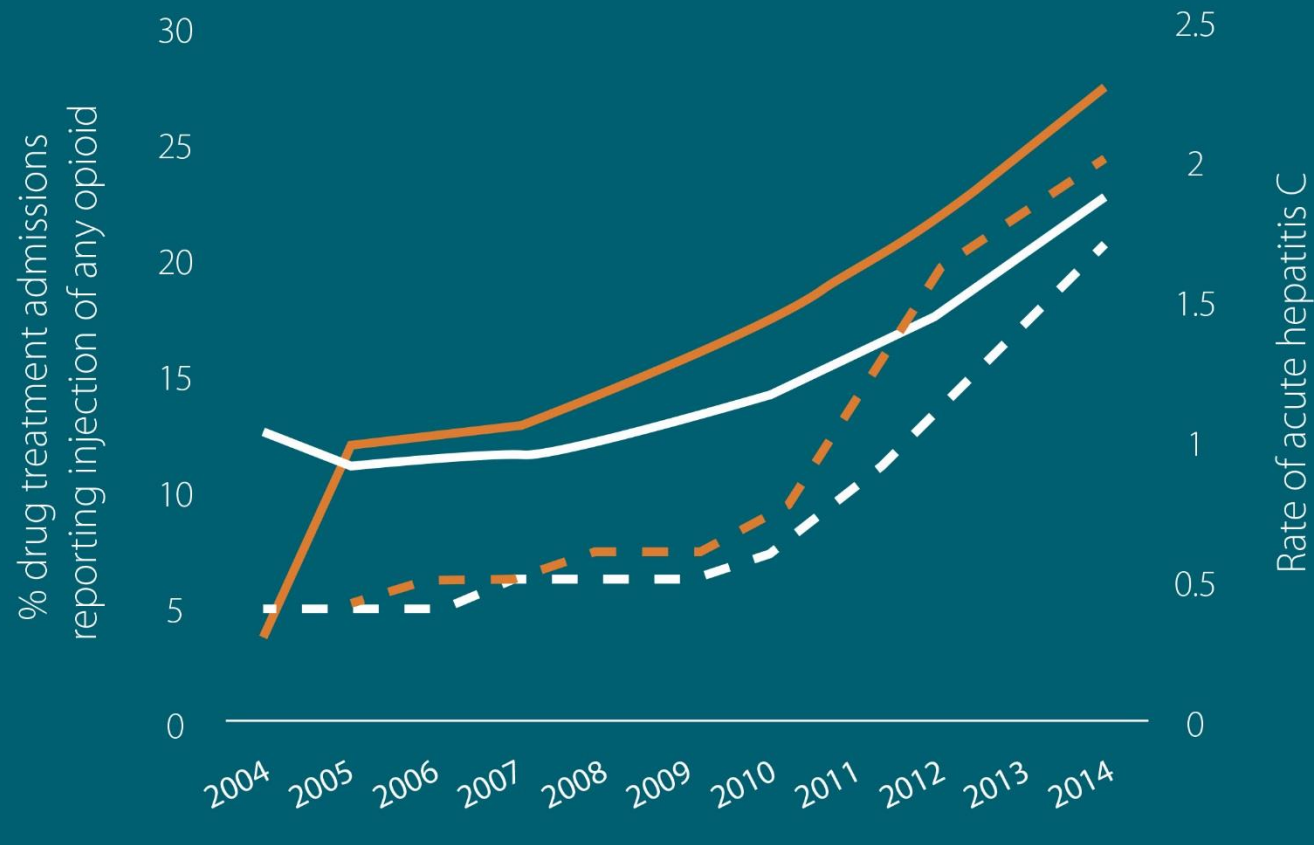
# Opioid Crisis and Viral Hepatitis



- Increases in hepatitis B (HBV), hepatitis A (HAV), and hepatitis C (HCV) over the last decade due to opioid use
- Injection related transmissions continue to occur in urban areas and have spread to suburban and rural areas
- Media, public and policymaker awareness of opioid crisis has highlighted:
  - Lack of substance use/mental health services
  - Opioid prescribing practices
  - Lack of health system capacity in many regions of the country
  - Rates of opioid use among women of child bearing age
  - Importance of overdose reversal drug naloxone



# HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014



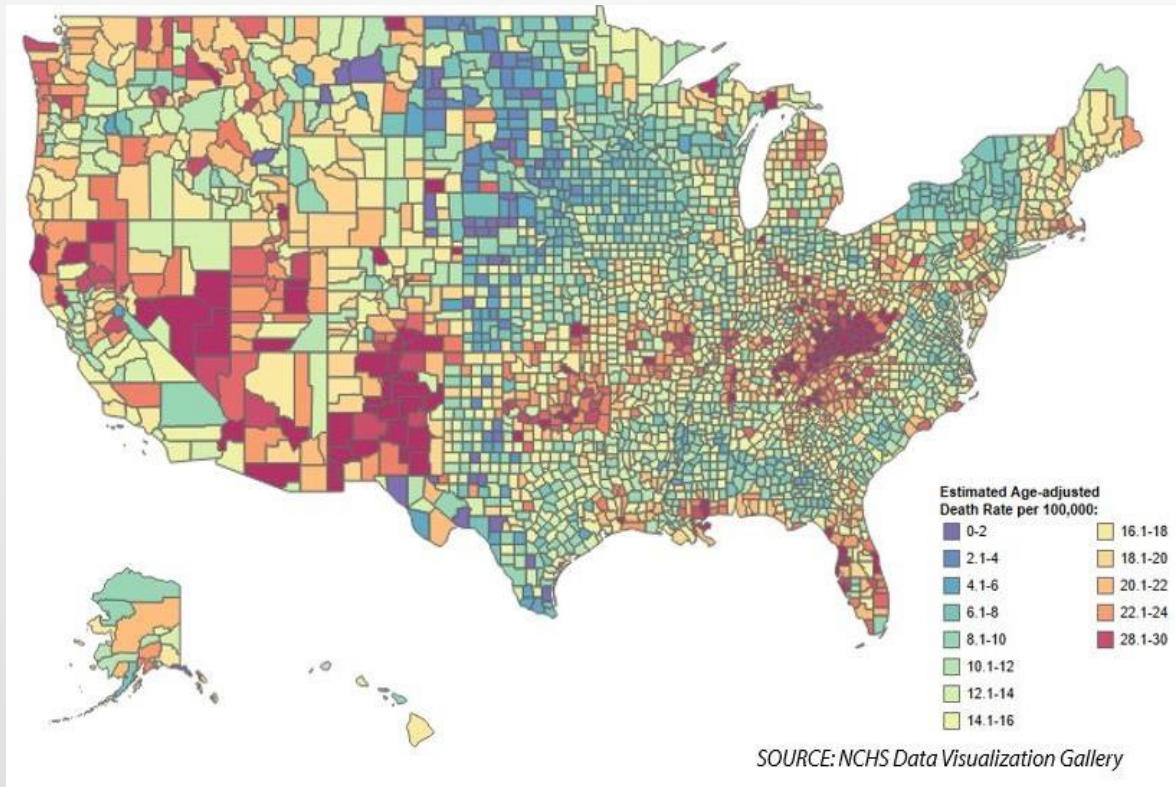
- Among people **aged 18-29**, HCV increased by **400%** and admission for opioid injection by **622%**
- Among people **aged 30-39**, HCV increased by **325%** and admission for opioid injection by **83%**

— Any Opioid Injection (18-29)  
— Any Opioid Injection (30-39)  
- - HCV Rate (18-29)  
- - HCV Rate (30-39)

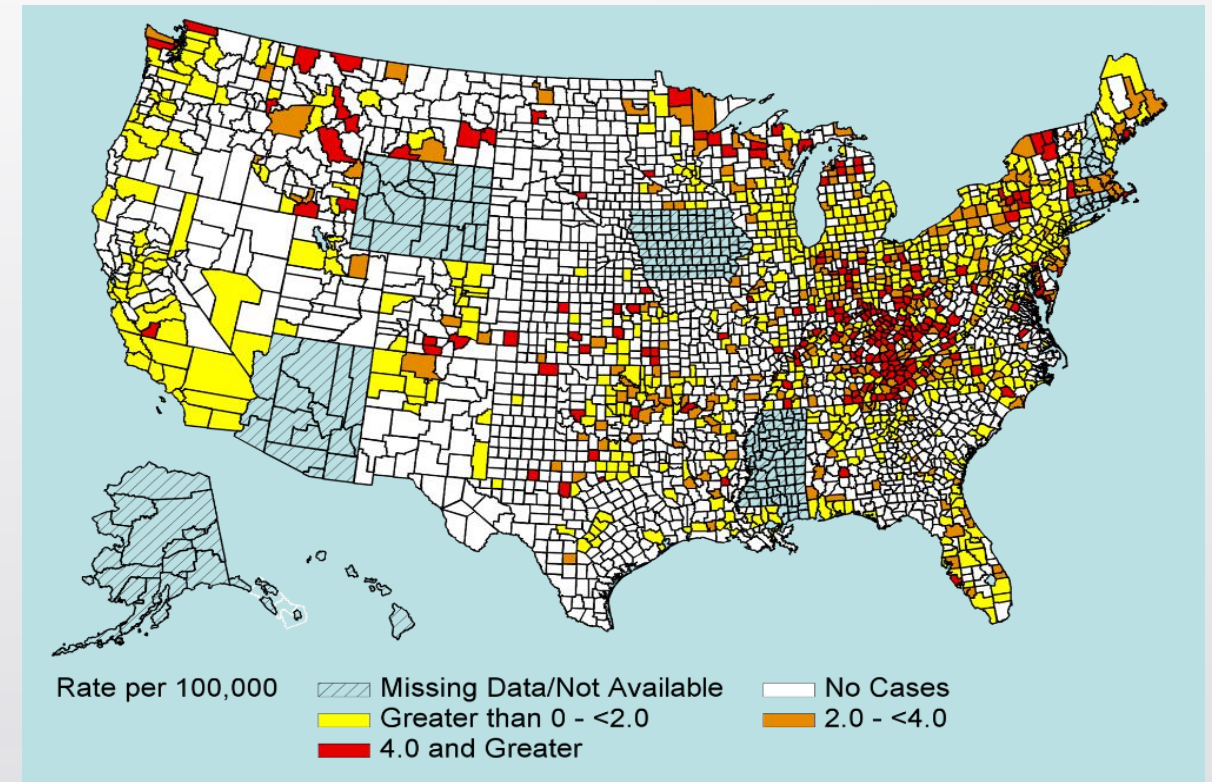
Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration



# Drug Overdoses and Hepatitis C

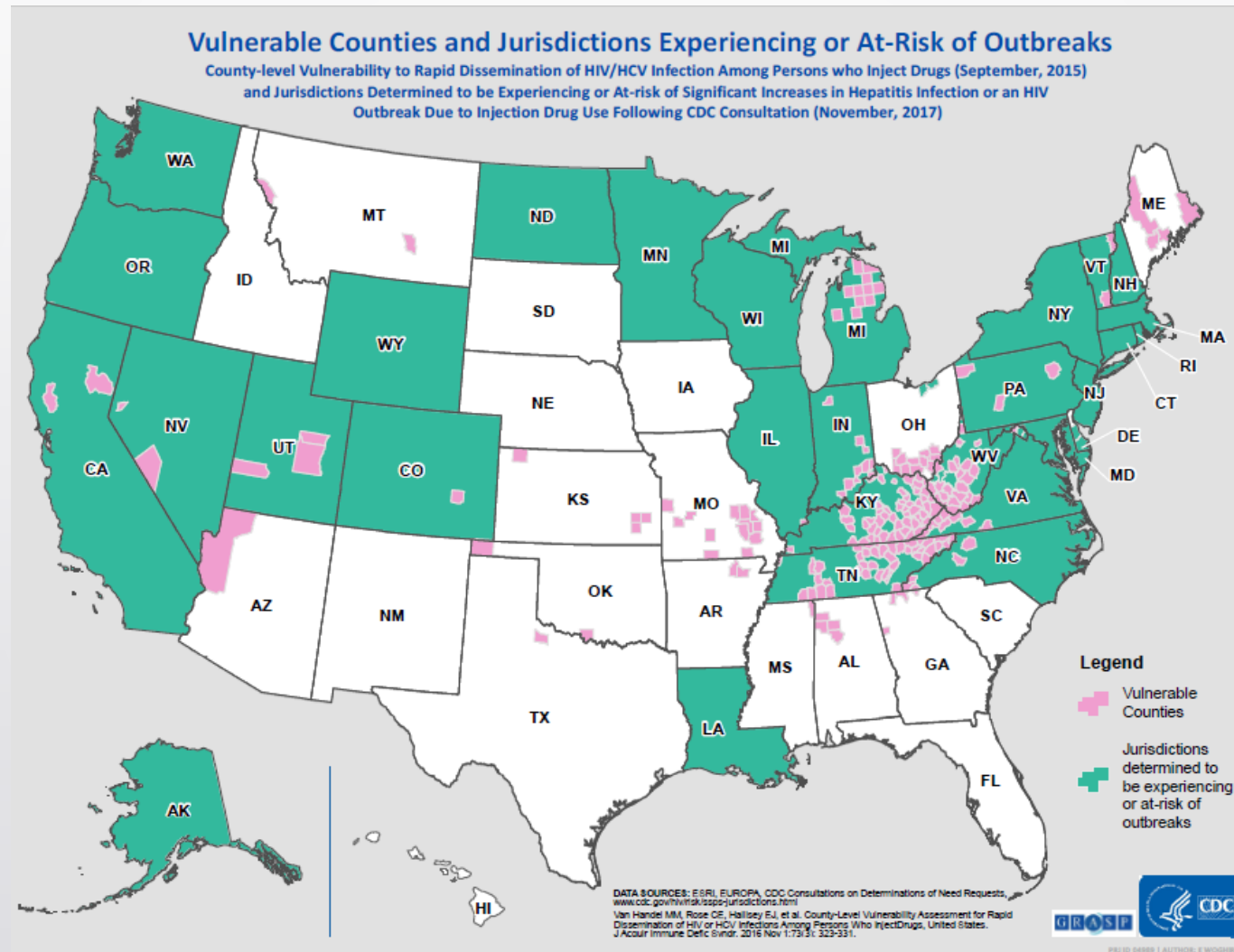


SOURCE: CDC/NCHS Data Visualization Gallery 2015



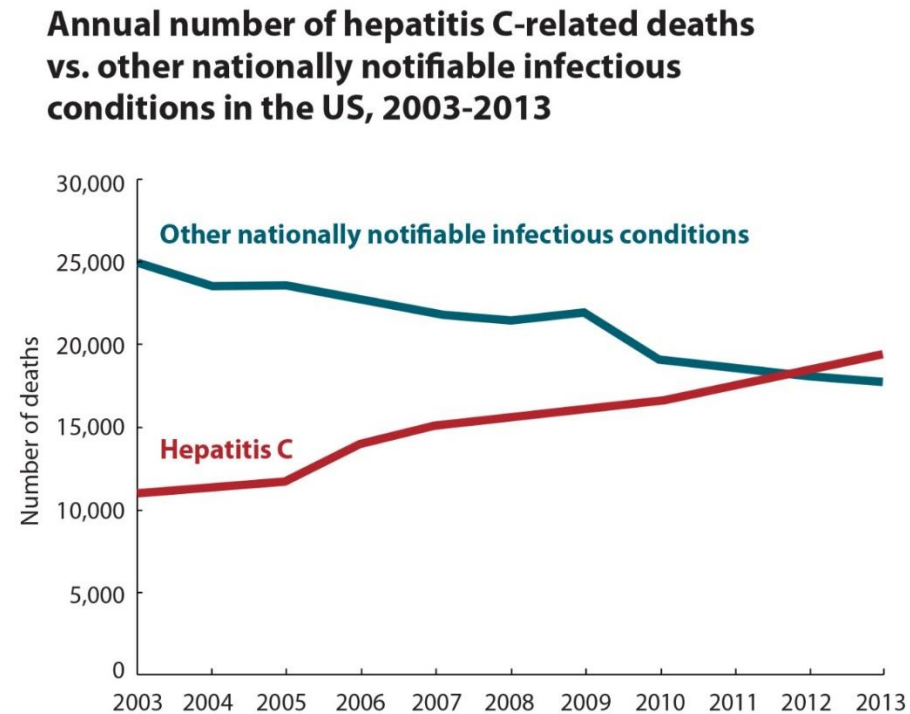
SOURCE: CDC National Notifiable Disease Surveillance System 2013-14

# Vulnerable Counties

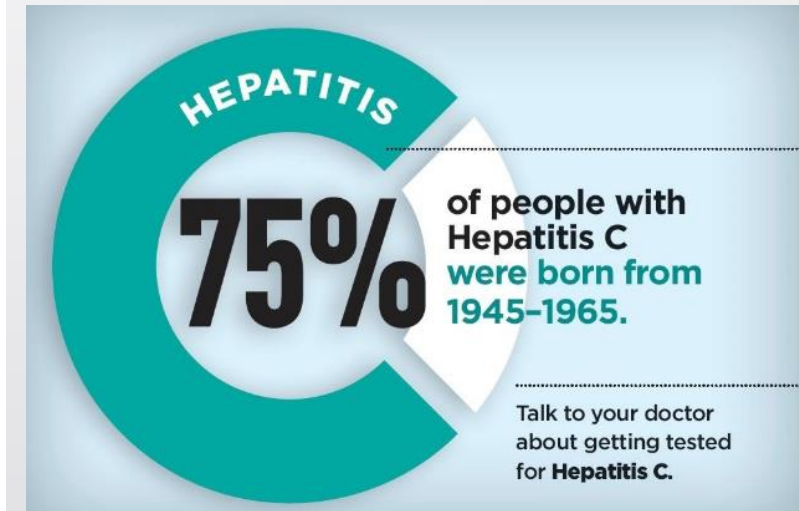




# Annual deaths from Hepatitis C higher than all other notifiable conditions combined



Source: Centers for Disease Control and Prevention








# National Strategy

# A National Strategy



**“Most of the barriers to preventing and treating viral hepatitis could be seen as consequences of another, more basic problem: viral hepatitis is not a public priority in the United States.”**

**A National Strategy for the  
Elimination of Hepatitis B and C**

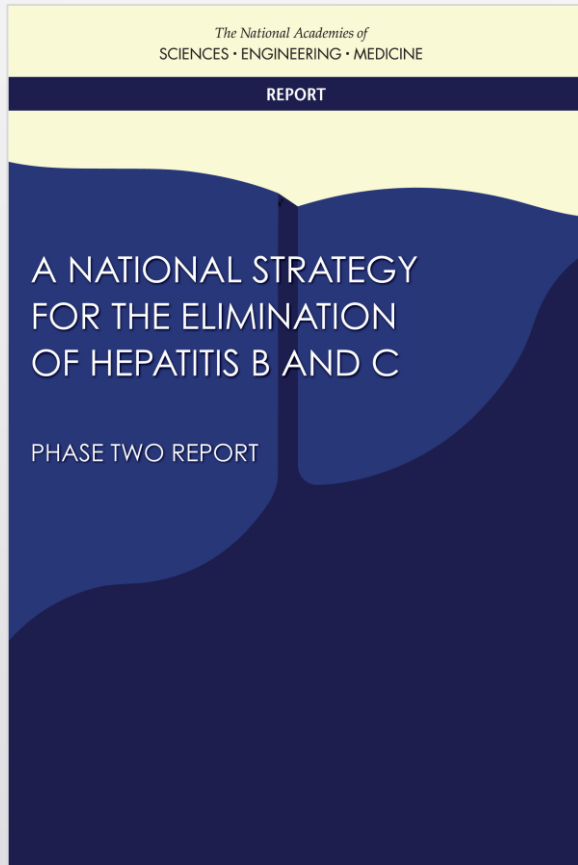


# Missing from the response to the opioid crisis:

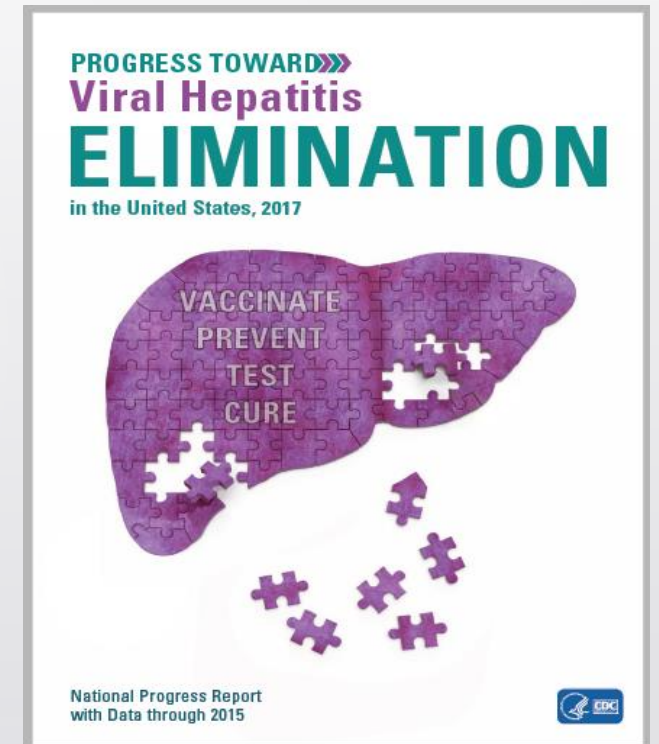
- Infectious disease consequences of injection drug use
- Lack of resources to support hepatitis education, prevention, testing and linkage to care, and treatment barriers
- Limited availability of syringe services programs and medication assisted treatment providers
- Comprehensive and coordinated approach among all stakeholders




# Path to Viral Hepatitis-Elimination in the US



- We have tools
  - Vaccines that protect from HBV and HAV infection
  - New treatments cure HCV
  - Prevention programs work
- With elimination of Hepatitis B and C as public health threats by 2030, 90,000 deaths would be averted
- Creates vision; offers targets



# A National Strategy - Recommendations



- Coordinated effort to manage hepatitis elimination
- Support hepatitis case finding and surveillance
- Studies to measure HBV and HCV incidence and prevalence in high risk populations
- Expand access to adult hepatitis B vaccination
- All HBsAg+ pregnant women have early prenatal HBV DNA and liver enzyme tests
- Expand access to syringe exchange and opioid agonist therapy
- Identify settings for enhanced viral hepatitis testing

# A National Strategy -Recommendations



- Public and private health plans should remove restrictions that are not medically indicated and offer direct acting antivirals to all hepatitis C patients
- Establish hepatitis B vaccine birth dose measures
- Build capacity of primary care providers to treat hepatitis B and C
- Build a comprehensive system of care and support for special populations on the scale of the Ryan White system
- Criminal justice system should screen, vaccinate and treat hepatitis B and C according to clinical guidelines
- Federal government should purchase rights to direct-acting antiviral for use in neglected market segment



# Mixed Progress in Moving Toward Elimination

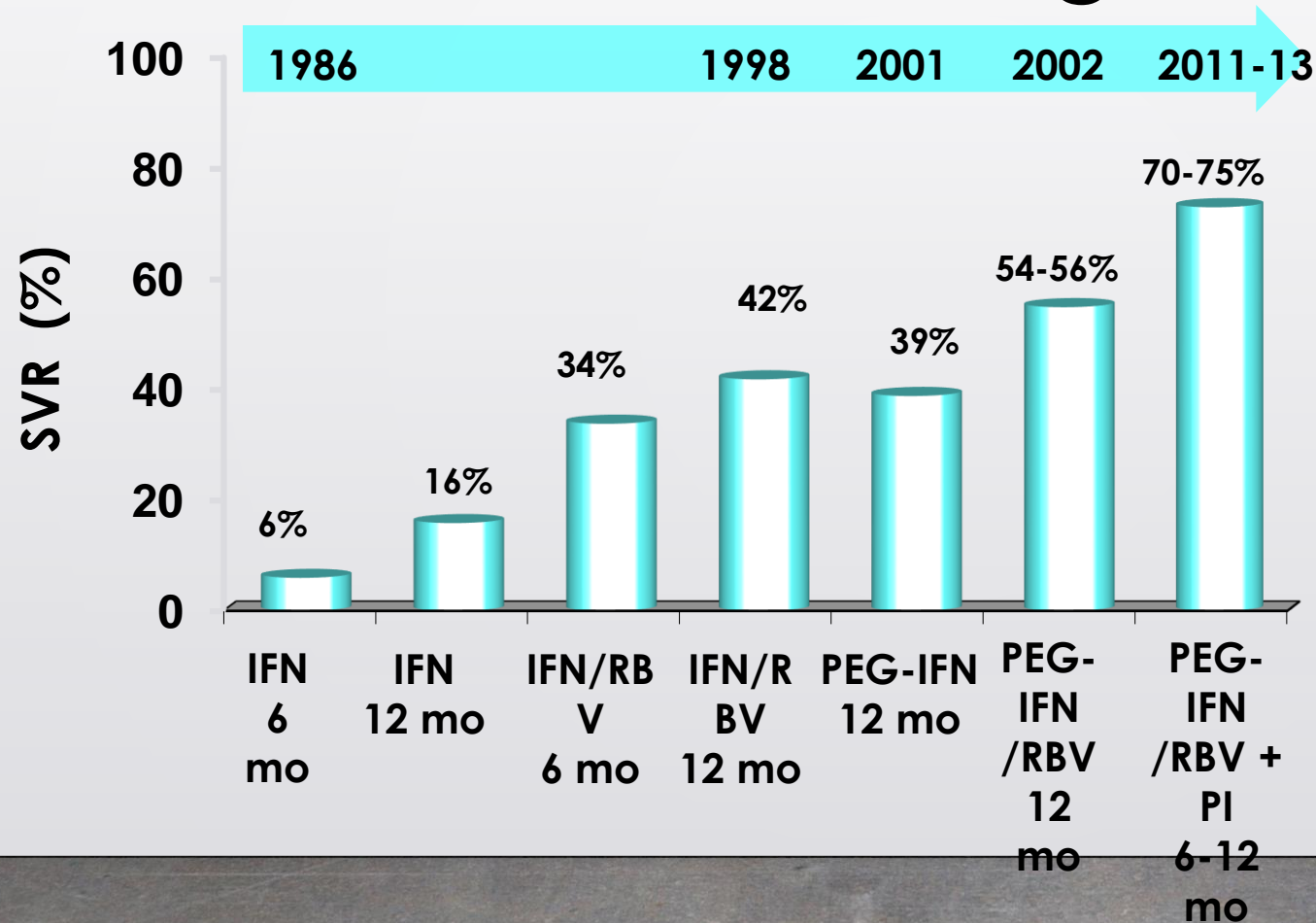
## Progress At-A-Glance

	2020 Goal	2015 Target <sup>1</sup>	2014 Baseline	2015 Result	Status
<b>Hepatitis A</b>					
Increase the percentage of children aged 19–35 months who receive $\geq 2$ doses of hepatitis A vaccine	85.0%	62.1%	57.5%	59.6%	➔
Reduce the rate <sup>2</sup> of reported HAV infections	0.30	0.38	0.39	0.43	✗
<b>Hepatitis B</b>					
Increase the percentage of infants who receive hepatitis B vaccine within 3 days of birth	85.0%	74.5%	72.4%	72.4%	✗
Reduce the rate <sup>2</sup> of reported acute HBV infections among persons aged $\geq 19$ years	0.50	1.05	1.16	1.38	✗
Reduce the rate <sup>2</sup> of HBV-related deaths	0.48	0.50	0.50	0.45	✓
<b>Hepatitis C</b>					
Reduce the rate <sup>1</sup> of reported acute HCV infections	0.25	0.66	0.74	0.81	✗
Reduce the rate <sup>2</sup> of HCV-related deaths	4.17	4.87	5.01	4.91	➔



Hopeful future.....

# HCV Treatment Evolution: From Interferon to Oral Direct Antiviral Agents



2017

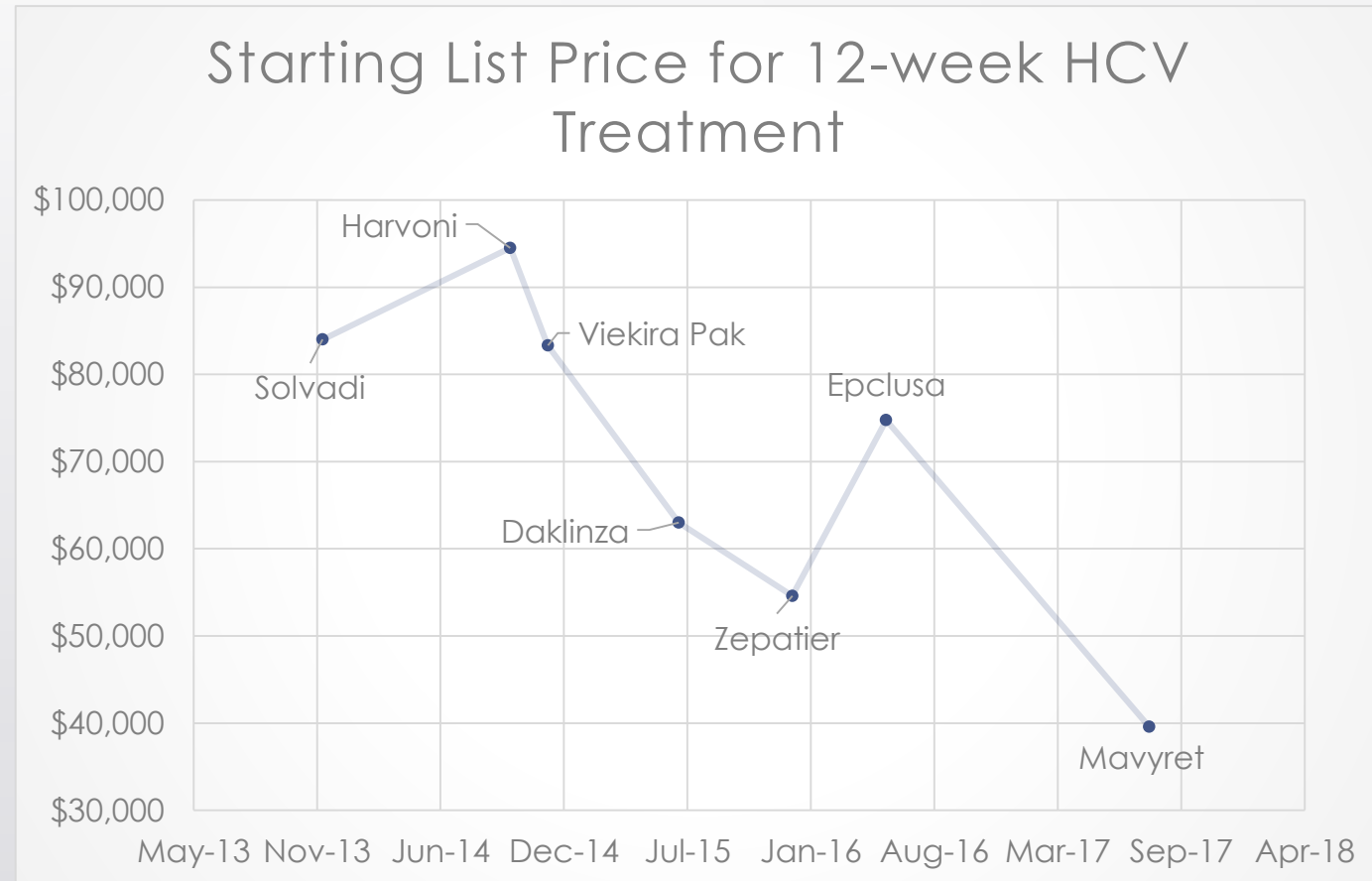


**>95% cure  
in 8-12 weeks**



# Decreasing Cost of Hepatitis C Treatment

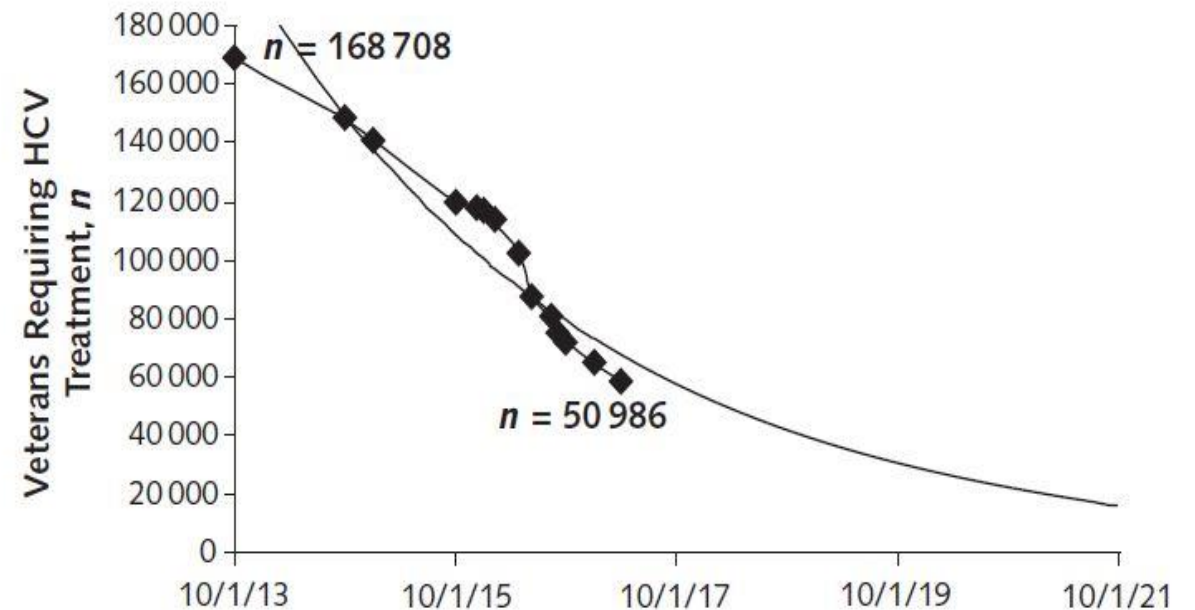
- New, more effective treatments are costing less
- Price at which HCV treatment become cost-saving is ~\$80,000 (IQR: \$60,300-\$110,000)



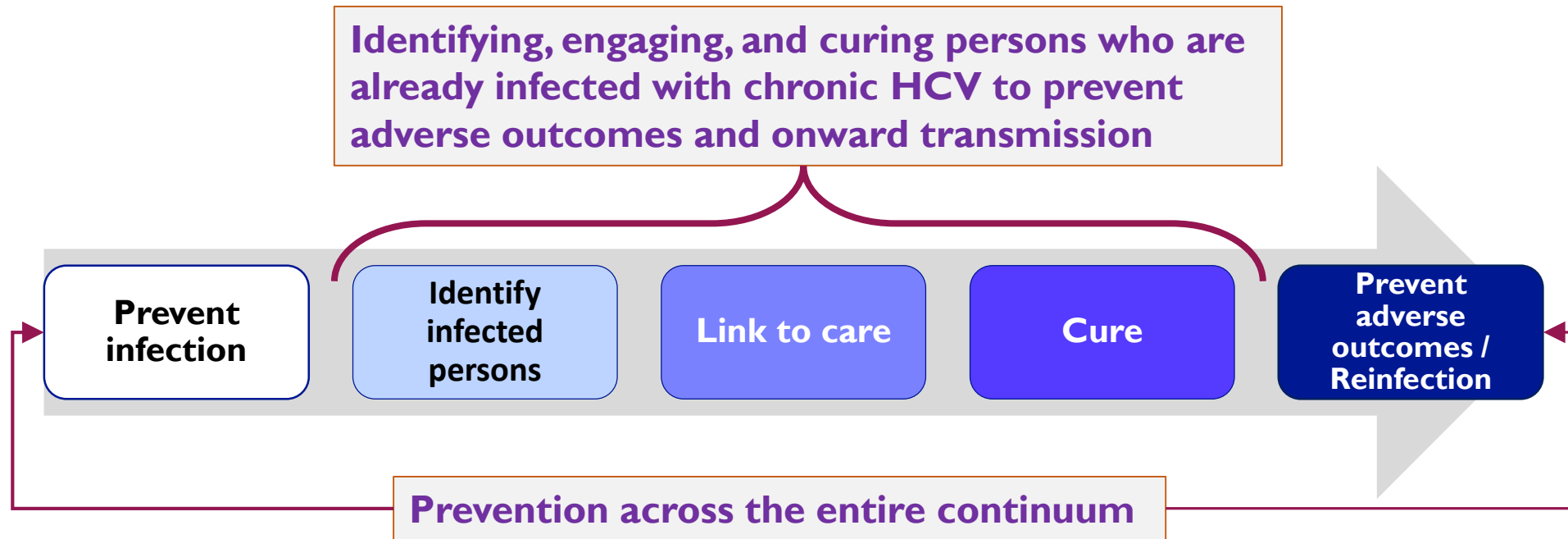
# Examples of Progress Toward Elimination

- Department of Veterans Affairs treated >92,000 HCV-infected veterans since 2014 and cured more than 90%
- Cherokee Nation screened 52% of adult population and successfully treated one-third of HCV-infected

**Number of Veterans Requiring HCV Treatment Has Decreased, 2013-2016**



Achieving these targets will require intervention across the *entire* **HCV care continuum & coordination**

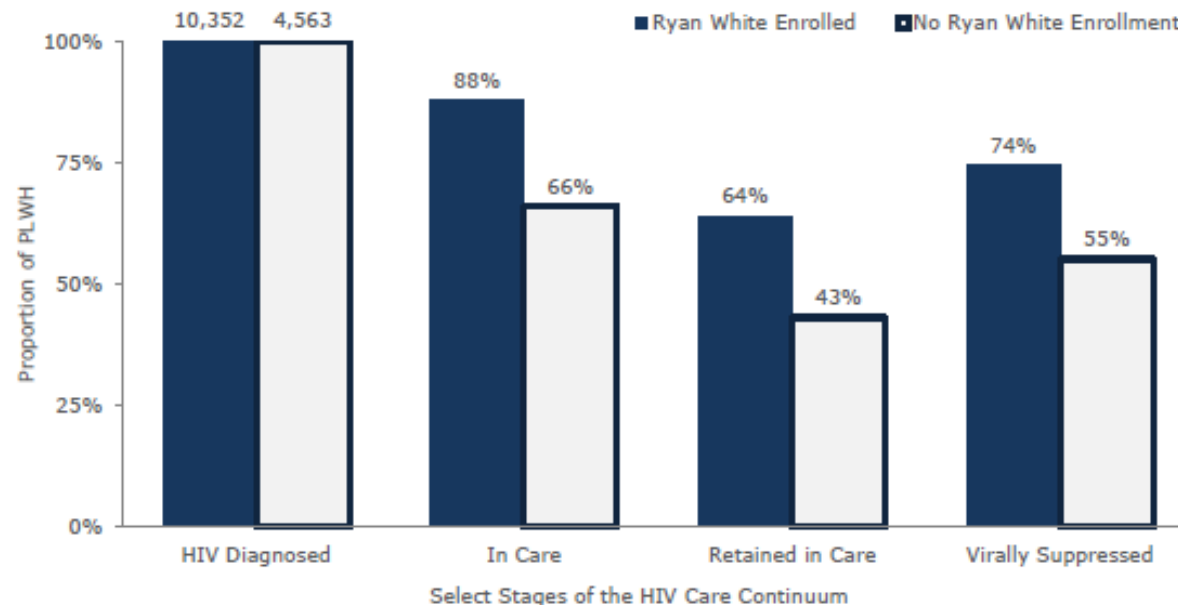




## Persons living with HIV (PLWH) enrolled in Ryan White have better care outcomes at every stage of the HIV Care Continuum

**The importance of care and viral suppression - it's about more than treatment, it's prevention:** Viral suppression is the final stage in the HIV care continuum. Consistent suppression of the virus in an individual is an indication that he/she has routine access to care and is adherent to treatment. Those who maintain low viral loads also have the best long term prognosis. Additionally, transmission of the HIV virus is extremely low among virally suppressed individuals - less than 1 transmission per 100 PLWH per year. The transmission rate among persons retained in care, but not suppressed is 4 times higher, and the rate among those diagnosed but not in care is over 13 times higher.

**PLWH enrolled in Ryan White have 20% higher care and viral suppression rates compared to those not enrolled:** During 2016, 14,915 persons were living with HIV in Michigan. Of those, 10,352 (70%) were currently enrolled in Ryan White or had been enrolled as recently as January 1, 2014. The remaining 4,563 were not Ryan White enrolled.





Thank you for your time

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